

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS <u>108</u>	State Index No. <u>838</u>	
District of <u>Young</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>81</u>
Town of _____	Local Registrar's No. _____		
or _____	(No. _____ St; _____ Ward)		
City of _____			
FULL NAME OF CHILD <u>Ruby Irene Green</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>March 9</u> 191 <u>5</u>	(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Albert Newton Green</u>	Full Maiden Name <u>Blanche Evelyn Clark</u>	Residence _____	
Residence <u>Young Ariz</u>	Color or Race <u>white</u>	Age at last Birthday <u>15</u> (Years)	
Birthplace <u>Texas</u>	Occupation <u>Rancher</u>	Birthplace <u>New Mexico</u>	
Occupation _____	Occupation <u>House wife</u>	Occupation _____	
Number of child of this mother <u>1</u>	Number of children, of this mother, now living _____	Were precautions taken against Ophthalmia neonatorum? _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on _____ 191____, at _____ M.			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>neighbor woman</u>	
Given or christian name added from a supplemental report _____ 191____		(Attending physician, midwife, householder.*)	
Address _____		Filed _____ 191____	
979-309-232		Filed <u>May 5</u> 191 <u>5</u> A True Copy	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
		COUNTY REGISTRAR.	